

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00692

**Entity Name:** WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4300 BAYOU BLVD  
SUITE 9  
PENSACOLA, FL 32503

**Current Mailing Address:**

2820 ENDOR ROAD  
PENSACOLA, FL 32503 US

**FEI Number:** 59-2909114

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUMMERTON, SUSAN J OD  
8550 SCENIC HWY  
UNIT F  
PENSACOLA, FL 32514 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SUSAN SUMMERTON

01/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY	Title	PRESIDENT
Name	SUMMERTON, SUSAN J O.D.	Name	DURTSCHI, LINDSAY O.D.
Address	8550 SCENIC HWY UNIT F	Address	2820 ENDOR ROAD
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32503

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN SUMMERTON

**TREASURER**

01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date